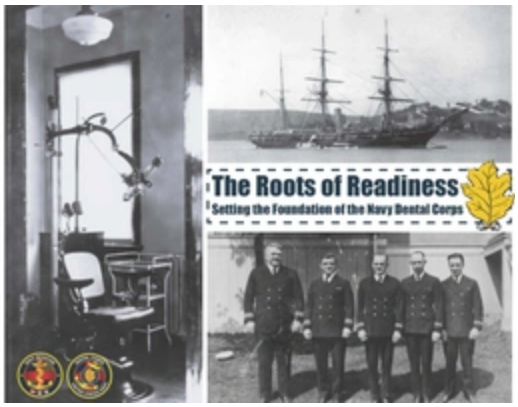
The Roots of Readiness: Setting the Foundation for the Navy Dental Corps

U.S. Navy Bureau of Medicine and Surgery
Story by André B. Sobocinski, Historian

Date: 08.15.2025
Posted: 08.15.2025 07:19
News ID: 545699



Anniversaries are more than just dates on a calendar. They offer a moment to pause and celebrate the contributions of individuals, both past and present. They also build esprit de corps by helping to define an organization's origins and marking how far it has come. Each year on August 22, Navy Medicine marks the anniversary of our Dental Corps from its humble beginnings as a yet-to-be realized concept in 1912 to a community of over 1,400 dedicated active duty and reserve dentists representing 17 specialized fields. This official date, however, tells only part of the story. A corps is formalized, but it is not born in a vacuum. Navy dentistry's beginnings were rooted in decades of discussion, the ripening of the dental profession, and with it, the critical realization that a Sailor's oral health was inextricably linked to readiness.

The roots of our Dental Corps date back to the beginning of the U.S. Navy in the age of sail when all of medical—including oral care—was in the domain of the shipboard surgeons and surgeon's mates. Bloodletting, blistering, and purging were still in common practice for all maladies and the Sailor's oral health was at its nadir. Aside from the lack of preventive dentistry, a typical Sailor's teeth could be damaged by the ever-present habit of chewing tobacco, prolonged or exorbitant use of mercury-based medicines like calomel, and a daily diet of hard tack and salt beef. And before the introduction of antiscorbutic rations, scurvy was a viable risk to one's teeth and gums.

Knowing this, odontalgia or toothaches were a regular occurrence aboard sailing ships in the first decades of our Navy. And the most common treatment for dental pain was extraction, a procedure performed with gruesome tooth extractors that were the stuff of nightmares. A fully equipped shipboard surgeon's kit included these devices. According to one Navy surgeon, "If the tooth be much decayed, extraction is the only sure remedy." And when extraction proved "impracticable" because of the level of decay, the Navy surgeons used opium and camphor, laudanum (alcohol with a tincture of opium), but also the application of peppermint oil.

By the 1840s, apothecaries, and other individuals with dental knowledge or training, often filled the role as an additional duty. This was a necessity because most naval medical officers lacked the training for practical work of dentistry. As one naval medical officer related, "I had a practical dentist with me as [an] apothecary on the last ship I served on. He did a great deal of dental work, for which he was paid by those on whom [he] operated. Navy medical officers do not know anything about practical work of dentistry as far as my experience goes . . . As it is, we exclude those whose teeth are bad from the navy, this doing away with the necessity of doing this kind of work."

The lack of dental care in the Navy was an ongoing issue throughout the nineteenth century. Adm. David Dixon Porter, whose career dated back to 1829, was quoted as saying, "I am in favor of anything that will enable the 'old salt' on shipboard to eat the 'hard tack' and tough beef furnished by the government . . . If we had dentists in the Navy, I should not have been compelled to live on soft food to-day."

The field of dentistry came into its own by the mid-nineteenth century with the publication of the first professional dental textbook and first dental journals, the establishment of the first dental school in the United States (Baltimore College of Dental Surgery), the invention of the first dental instrument case, the formation of the American Dental

Association and the first ethical code of dentists. Dentists were also making names for themselves through pioneering the use of ether anesthesia and unlocking the basis for dental decay. Among the notable dentists helping to advance the profession was Dr. Edward Maynard, a Washington, D.C.-based dentist and inventor, who is probably best known for his role in improving firearms. His other causes included advocating for the inclusion of dentists in the Army and Navy. As a result of Maynard's advocacy to President Millard Fillmore, the Bureau of Medicine and Surgery (BUMED) received its first request for information about the practicality of recruiting dentists in the Navy as medical officers.

In 1853, Secretary of the Navy John P. Kennedy, wrote to Surgeon Thomas Harris, chief of BUMED stating, "[Fillmore] is impressed with the belief that more attention to this subject than is ordinarily given would be found to be usefully condusive [sic] to the health of officers and men on ship board." Although, Harris acknowledged the value of having dentists assigned to naval squadrons, he helped table the issue by delineating the differences between medicine and dentistry stating that dentistry is an "art separate and distinct from the profession of medicine, and one requiring a manual dexterity which can only be acquired by long and extensive practice" and "in so far as dentistry is not embraced in the curriculum of study now required by the medical schools of the country, it is essentially a Mechanical art, demanding a long and laborious apprenticeship to attain the most ordinary skill."

Dental care remained wholly a de facto duty in the Navy until the 1870s when Harris's successor as the Chief of BUMED recommended that a trained dentist be appointed to the U.S. Naval Academy. On April 23, 1873, BUMED appointed Annapolis-based dentist Dr. Thomas O. Walton as an "Acting Assistant Surgeon" in the Medical Corps and assigned him to the Naval Academy. Walton would remain the Naval Academy's dentist until retiring in 1899.

The Naval Academy may have had their own means of addressing their dental care needs, elsewhere oral hygiene remained an ongoing issue. In his book Practical Suggestions in Naval Hygiene (1871), Medical Inspector Albert Gihon noted dental care was still wholly neglected aboard ships, writing: "The hair, beard and teeth are all neglected on board ship. It would be a difficult matter to compel old sailors to cleanse their teeth, but all the boys should be obliged to purchase tooth brushes, and use them regularly."

After 1898, dental care was regularly provided in the fleet by hospital corpsman and in decade to follow the Annual Reports of Surgeon General of the U.S. Navy, regularly included shipboard dental statistics. For example, the hospital apprentice aboard the steam sloop of war USS Mohican, who had dental training, performed 340+ fillings, 52 root canals, 38 tooth extractions, removed 36 salivary deposits, and capped 26 teeth with gold crowns over a seven and a half month period. From Sept. 1, 1903, to Jan. 1, 1904, hospital corpsmen assigned to the receiving ships USS Franklin and USS Richmond, performed over 500 fillings, extracted 176 teeth, and conducted 28 root canals. Aboard USS Wabash, a receiving ship processing new recruits, based in Boston, Massachusetts, the hospital steward performed "1,454 operations of almost every character of dental disorder."

It was becoming increasingly clear that the numbers of hospital corpsmen serving as dentists were inadequate to the growing need for oral hygiene and dental care across the Navy, especially with a service that had grown under President Teddy Roosevelt. By 1907, BUMED began assigning these enlisted dentists to Olongapo, Philippines, Naval Training Stations in Norfolk, Virginia, Newport, Rhode Island, and aboard the hospital ship Relief on its voyage with the Great White Fleet, and planning for additional duty at prison ships in Portsmouth, New Hampshire, Mare Island, California, Puget Sound, Washington, and Boston, as well as the naval tuberculosis hospital in Las Animas, Colorado (Fort Lyon).

In his annual report to the Secretary of the Navy, Rear Adm. Presley Rixey, Navy Surgeon General, framed the issue, stating: "Like the eyes, the teeth are coming properly to be regarded as intimately and widely associated with the various organs and functions of the body, and that defective teeth may be responsible for much ill health is recognized by all who keep in touch with the accumulating truths of medical science."

Bills for establishing a naval dental corps were introduced in 1898, 1905, 1906, 1907, 1908, 1909, 1910, and 1911, the year the U.S. Army established its own Dental Corps (March 3, 1911). Finally, a year later, the Navy was finally granted its own corps dentists. The years of the additional duty dentist was over!

After August 1912, the job of building the Dental Corps from its foundations fell to Drs. Emory Bryant and William Cogan, who were appointed Navy dentists on Oct. 23 and 24, respectively, and whose task it was to build the foundations of the Navy Dental Corps. Both were well-established figures in the Washington, D.C. dental scene. Bryant, a successful private practitioner, counted President Roosevelt among his patients, while Cogan had been the first dean of Georgetown's dental school. Together, they developed the criteria for the first Dental Corps appointees, requiring prospective candidates to pass a rigorous series of physical and competitive professional examinations. Interestingly, the contributions of Bryant and Cogan are symbolized by the two acorns that stem from the spread oak leaf device worn by all Navy dentists today.

In November 1912, Bryant, Cogan and Navy physician Lt. Cmdr. Richmond Holcomb (later author of A Century with Norfolk Naval Hospital) convened the first dental examining board in Washington, D.C. Practical portions of the examination were conducted at Georgetown University and The George Washington University. The physical examinations were administered on the second floor of the Isolation Building at the Naval Hospital Washington, D.C., which was then located in the neighborhood of Foggy Bottom.

A total of fifteen dentists appeared before the examination board in November and December 1912; of this number, only four passed and received the first appointments on Jan. 3, 1913.

Dr. Harry Harvey, a former "hospital corpsman-dentist" and graduate of the Georgetown Dental College, was among the first to be selected. Over that inaugural year (Aug. 22, 1912-Aug. 22, 1913), a total of 15 candidates were approved for appointments in the Dental Corps. These dentists each held the same rank—"Acting Assistant Dental Surgeon," which was equivalent to Lieutenant (Junior Grade). Until 1916, there were no provisions for the promotion of Dental Corps officers. Each were also required to serve three years of reserve status before transferring into the Regular Navy.

The same act that created the Navy Dental Corps in 1912 also established a Medical Corps Reserve. Remarkably—since a separate Dental Reserve (or for that matter a formal Navy Reserve) did not exist at that time, the Navy's first dentists were initially considered part of this Medical Corps Reserve. A separate Dental Corps Reserve was established on March 4, 1913.

In 1913, an additional nine dentists came into the Navy on temporary duty under the provisions of the new Dental Corps Reserve. Like Bryant and Cogan these dentists were each well-established in their practices, most were quite senior and one long past retirement age. Dr. Vines Edmunds Turner of Raleigh, North Carolina, was a Civil War veteran who was 76 years old at the time of his entry into the Navy and still remains the oldest Navy dentist on record.

The Navy's first dentists were required to go through a period of indoctrination at the Naval Medical School in Washington, D.C., before being sent into the field. The first duty stations were selected based both on a population requiring dental services (e.g., recruits) and the accessibility of dental equipment at that location.

On March 5, 1913, Acting Assistant Dental Surgeon Harry Harvey was ordered by BUMED to the hospital ship USS Solace becoming the first dental officer assigned to a ship or to serve at sea. One month later—on April 5, 1913—Joseph Mahoney reported aboard the armored cruiser USS Saratoga (ACR-2, formerly USS New York) as the first official Navy dentist aboard a warship. Two years later over a quarter of all Navy dentists were serving at sea.

Among the first shore establishments to receive dentists were the Naval Training Stations in Newport, Rhode Island, and San Francisco, California; stationary receiving ships—where new recruits were processed—at Brooklyn, N.Y., and Mare Island, California; and Navy Yards in Charleston, South Carolina, Philadelphia, Pennsylvania, and Puget Sound, Washington.

In April 1913, James Lee Brown earned the distinction as the first dentist assigned to an overseas base when he received orders to Naval Station Guam. In that first year of Navy Dentistry's existence only two dentists served

overseas, Brown and USS Saratoga's Joseph Mahoney—who also doubled as the dentist for the Asiatic Station.

Finally, on Aug. 4, 1913, Acting Assistant Dental Surgeon Lucian C. Williams of Texas, reported to Parris Island, South Carolina, becoming the first Navy dentist to serve with the United States Marine Corps. Just two years later, Navy dentists were regularly embedded with Marine Corps units in Haiti and in 1917 were deployed to active battlefields in World War I. Among them, the Navy's own Weedon Osborne and Alexander Lyle—the first dentists in history to be awarded Medals of Honor.

The Navy Dental Corps' history is truly a rich one. Its official founding in 1912 marked a new chapter, but its roots extend far deeper—a testament to the decades of advocacy, innovation, and dedicated service that paved the way. Today, Navy Dental Corps officers continue this legacy, delivering world-class care that ensures the readiness and health of our Sailors, Marines, and their families around the globe. And their work and service remain a vital, fundamental part of the Navy Medicine Enterprise.

***

For 250 years, Navy Medicine—represented by more than 44,000 highly-trained military and civilian health care professionals as well as experienced support staff—has delivered quality healthcare and enduring expeditionary medical support to the warfighter on, below, and above the sea and ashore.

Sources:
Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1900. Washington, D.C.: Government Printing Office, 1900.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1901. Washington, D.C.: Government Printing Office, 1901.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1902. Washington, D.C.: Government Printing Office, 1902.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1903. Washington, D.C.: Government Printing Office, 1903.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1904. Washington, D.C.: Government Printing Office, 1904.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1905. Washington, D.C.: Government Printing Office, 1905.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1906. Washington, D.C.: Government Printing Office, 1906.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1907. Washington, D.C.: Government Printing Office, 1907.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1908. Washington, D.C.: Government Printing Office, 1908.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1909. Washington, D.C.: Government Printing Office, 1909.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1910. Washington, D.C.: Government Printing Office, 1910.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1911. Washington, D.C.: Government Printing Office, 1911.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1912. Washington, D.C.: Government Printing Office, 1912.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1913. Washington, D.C.: Government Printing Office, 1913.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1914. Washington, D.C.: Government Printing Office, 1914.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1915. Washington, D.C.: Government Printing Office, 1915.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1916. Washington, D.C.: Government Printing Office, 1916.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1917. Washington, D.C.: Government Printing Office, 1917.

Annual Report of the Surgeon General, U.S. Navy, Chief of the Bureau of Medicine and Surgery to the Secretary of the Navy for the Fiscal Year 1918. Washington, D.C.: Government Printing Office, 1918.

Blake, G.S. to Walton, T.O. Naval Academy Correspondence. Superintendent Letters 9 November 1858 – 5 September 1860. #34. Naval Academy Special Collections.

The Dental Corps of the United States Navy: A Chronology, 1912-1987.
Kennedy to Harris correspondence. 1853. Miscellaneous Navy Correspondence. National Archives.

Cunningham G. (1891) Dental Reform in the Navy. Transactions of the Seventh International Congress of Hygiene and Demography, Vol. VI, Section VIII.

Gihon, A. (1871). Practical Suggestions in Naval Hygiene. Washington, D.C: Government Printing Office.

Hodgkin, W.N. (1941). Edward Maynard, A Progenitor of the United States Army and Navy Dental Corps. JADA, 28(12).

Horner, Gustavus R.B. (1854) Diseases and Injuries of Seamen with remarks on their enlistment, naval hygiene, and the duties of medical officers. Philadelphia: Lippincott, Grambo, & Co.

Marshall, JS (1882) The Need of Dental Surgeons in the Army and Navy. Transactions. American Medical Association, 33.

Parsons, U (1851). “Toothache.” Physician for Ships Containing Medical Advice for Seamen and Other Persons at Sea on the Treatment of Diseases and on the Preservation of Health. Boston : Printed by Damrell & Moore.

Register of the commissioned and warrant officers of the United States Navy and Marine Corps, January 1, 1912. Washington, D.C.: Government Printing Office, 1912.

Register of the commissioned and warrant officers of the United States Navy and Marine Corps, January 1, 1913. Washington, D.C.: Government Printing Office, 1913.

Wynbrandt, J. (1998). The Excruciating History of Dentistry: Toothsome Tales & Oral Oddities from Babylon to Braces. NY: St. Martin’s Press.